

File by Mail Instructions for your 2018 Rhode Island Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Rosso, Elizabeth
186 Whipple Ave
Barrington, RI 02806

| | | | |
|---|--|----|----------|
| Balance Due/Refund | Your Rhode Island state tax return (Form RI-1040) shows you are due a refund of \$1,330.00. Your refund will be direct deposited into the following account: Account Number: 18620930, Routing Transit Number: 211391825. | | |
| What You Need to Mail | <p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Attach state copy of all forms W-2, 1099s, etc. to the front of the return.</p> <p>Mail your return and attachments to:</p> <p>State of Rhode Island RI Division of Taxation One Capitol Hill Providence, RI 02908-5806</p> <p>Deadline: Postmarked by April 15, 2019</p> <p>Don't forget correct postage on the envelope.</p> | | |
| What You Need to Keep | Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category. | | |
| 2018 Rhode Island Tax Return Summary | Taxable Income | \$ | 0.00 |
| | Total Tax | \$ | 0.00 |
| | Total Payments/Credits | \$ | 1,330.00 |
| | Amount to be Refunded | \$ | 1,330.00 |
| Special Formatting | Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing. | | |
| Changed Your Mind About e-filing? | You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the state taxing agency. | | |



18100115550101

| | | | |
|---|----|--|--------------------------|
| Your social security number | | Spouse's social security number | |
| 024-72-3597 | | | |
| Your first name | MI | Last name | Suffix |
| ELIZABETH | | ROSSO | |
| Spouse's name | MI | Last name | Suffix |
| | | | |
| Address | | | |
| 186 WHIPPLE AVE | | | |
| City, town or post office | | State | ZIP code |
| BARRINGTON | | RI | 02806 |
| City or town of legal residence | | Check each box that applies. Otherwise, leave blank. | |
| BARRINGTON | | Primary deceased? | Spouse deceased? |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> |
| | | New address? | Amended Return? * |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTORAL CONTRIBUTION | | If you wish the 1st \$2.00 (\$4.00 if a joint return) be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account. | |
| If you want \$5.00 (\$10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.) | | <input type="checkbox"/> | |

FILING STATUS
Check oneSingle ☐Married filing jointly ☐Married filing separately ☐Head of household ☒Qualifying widow(er) ☐**INCOME, TAX AND CREDITS**

Rhode Island Standard Deduction

Single **\$8,525**

Married filing jointly or Qualifying widow(er) **\$17,050**

Married filing separately **\$8,525**

Head of household **\$12,800**

| | | | | |
|-----|--|-----|-------|----|
| 1 | Federal AGI from Federal Form 1040, line 7..... | 1 | 13418 | 00 |
| 2 | Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on this line. | 2 | 0 | 00 |
| 3 | Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases)..... | 3 | 13418 | 00 |
| 4 | RI Standard Deduction from left. If line 3 is over \$199,000, see Standard Deduction Worksheet | 4 | 12800 | 00 |
| 5 | Subtract line 4 from line 3. If zero or less, enter 0..... | 5 | 618 | 00 |
| 6 | Enter # of exemptions from RI Sch E, line 5 in box, multiply by \$4,000 and enter result on line 6. If line 3 is over \$199,000, see Exemption Worksheet | 6 | 20000 | 00 |
| 7 | RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0..... | 7 | 0 | 00 |
| 8 | RI income tax from Rhode Island Tax Table or Tax Computation Worksheet..... | 8 | 0 | 00 |
| 9a | RI percentage of allowable Federal credit from page 3, RI Sch I, line 22..... | 9a | | 00 |
| 9b | RI Credit for income taxes paid to other states from page 3, RI Sch II, line 29..... | 9b | | 00 |
| 9c | Other Rhode Island Credits from RI Schedule CR, line 8..... | 9c | | 00 |
| 9d | Total RI credits. Add lines 9a, 9b and 9c..... | 9d | | 00 |
| 10a | Rhode Island income tax after credits. Subtract line 9d from line 8 (not less than zero) | 10a | 0 | 00 |
| 10b | Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 11..... | 10b | | 00 |
| 11 | RI checkoff contributions from page 3, RI Checkoff Schedule, line 37. Contributions reduce your refund or increase your balance due | 11 | 0 | 00 |
| 12 | USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies | 12 | | 00 |
| 13a | TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 10a, 10b, 11 and 12..... | 13a | 0 | 00 |

☐ Check ☒ to certify use tax amount on line 12 is accurate.

Using a paper clip, please attach Forms W-2 and 1099 here.

RETURN MUST BE SIGNED - SIGNATURE IS LOCATED ON PAGE 2

State of Rhode Island and Providence Plantations
2018 Form RI-1040
Resident Individual Income Tax Return - page 2



18100115550102

Name(s) shown on Form RI-1040 or RI-1040NR

ELIZABETH ROSSO

Your social security number

024-72-3597

PAYMENTS AND PROPERTY TAX RELIEF CREDIT

| | | | |
|---|-----|------|----|
| 13b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 13a..... | 13b | 0 | 00 |
| 14a RI 2018 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding. | 14a | 427 | 00 |
| b 2018 estimated tax payments and amount applied from 2017 return | 14b | | 00 |
| c Property tax relief credit from RI-1040H, line 13. Attach RI-1040H..... | 14c | | 00 |
| d RI earned income credit from page 3, RI Schedule EIC, line 40..... | 14d | 903 | 00 |
| e RI Residential Lead Paint Credit from RI-6238, line 7. Attach RI-6238.. | 14e | | 00 |
| f Other payments..... | 14f | | 00 |
| g TOTAL PAYMENTS AND CREDITS. Add lines 14a, 14b, 14c, 14d, 14e and 14f..... | 14g | 1330 | 00 |
| h Previously issued overpayments (if filing an amended return)..... | 14h | | 00 |
| i NET PAYMENTS. Subtract line 14h from line 14g..... | 14i | 1330 | 00 |
| 15a AMOUNT DUE. If line 13b is LARGER than line 14i, subtract line 14i from line 13b..... | 15a | | 00 |
| b Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A. (attach form) This amount should be added to line 15a or subtracted from line 16, whichever applies..... | 15b | 0 | 00 |
| c TOTAL AMOUNT DUE. Add lines 15a and 15b. Complete RI-1040V and send in with your payment ☹ | 15c | | 00 |
| 16 AMOUNT OVERPAID. If line 14i is LARGER than line 13b, subtract line 13b from line 14i. If there is an amount due for underestimating interest on line 15b, subtract line 15b from line 16..... ☺ | 16 | 1330 | 00 |
| 17 Amount of overpayment to be refunded..... | 17 | 1330 | 00 |
| 18 Amount of overpayment to be applied to 2019 estimated tax..... | 18 | 0 | 00 |

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|-------------------------|--|-------|------------------|
| Your signature | Your driver's license number and state | Date | Telephone number |
| | 2719589 RI | | 401-699-7433 |
| Spouse's signature | Spouse's driver's license number and state | Date | Telephone number |
| | | | |
| Paid preparer signature | Print name | Date | Telephone number |
| | SELF-PREPARED | | |
| Paid preparer address | City, town or post office | State | ZIP code PTIN |
| | | | |



18100115550103

| | |
|--|-----------------------------|
| Name(s) shown on Form RI-1040 or RI-1040NR | Your social security number |
|--|-----------------------------|

RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT

| | | | |
|--|----|--|----|
| 19 RI income tax from page 1, line 8 | 19 | | 00 |
| 20 Credit for child and dependent care expenses from Federal Form 1040, Schedule 3, line 49..... | 20 | | 00 |
| 21 Tentative allowable federal credit. Multiply line 20 by 25% (0.2500)..... | 21 | | 00 |
| 22 MAXIMUM CREDIT. Line 19 or 21, whichever is SMALLER. Enter here and on page 1, line 9a..... | 22 | | 00 |

RI SCHEDULE II - CREDIT FOR INCOME TAX PAID TO ANOTHER STATE

(ATTACH COPY OF OTHER STATE(S) RETURN)

| | | | |
|---|----|--|----|
| 23 RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 3, line 22 | 23 | | 00 |
| 24 Income derived from other state. If more than one state, see instructions..... | 24 | | 00 |
| 25 Modified federal AGI from page 1, line 3..... | 25 | | 00 |
| 26 Divide line 24 by line 25 | 26 | | |
| 27 Tentative credit. Multiply line 23 by line 26..... | 27 | | 00 |
| 28 Tax due and paid to other state (see specific instructions). Insert abbreviation for state paid | 28 | | 00 |
| 29 MAXIMUM TAX CREDIT. Line 23, 27 or 28, whichever is the SMALLEST. Enter here and on pg 1, line 9b..... | 29 | | 00 |

RI CHECKOFF CONTRIBUTIONS SCHEDULE

| | \$1.00 | \$5.00 | \$10.00 | Other | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|----|----|
| 30 Drug program account RIGL §44-30-2.4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30 | 00 |
| 31 Olympic Contribution RIGL §44-30-2.1 Yes <input type="checkbox"/> \$1.00 contribution (\$2.00 if a joint return) | | | | | 31 | 00 |
| 32 RI Organ Transplant Fund RIGL §44-30-2.5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32 | 00 |
| 33 RI Council on the Arts RIGL §42-75.1-1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33 | 00 |
| 34 Nongame Wildlife Fund RIGL §44-30-2.2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34 | 00 |
| 35 Childhood Disease Victim's Fund RIGL §44-30-2.3 and Substance Use and Mental Health Leadership Council of RI RIGL §44-30-2.11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35 | 00 |
| 36 RI Military Family Relief Fund RIGL §44-30-2.9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 36 | 00 |
| 37 TOTAL CONTRIBUTIONS. Add lines 30 through 36. Enter here and on RI-1040, page 1, line 11 | | | | | 37 | 00 |

RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT

| | | | |
|--|----|------|----|
| 38 Federal earned income credit from Federal Form 1040, line 17a | 38 | 6019 | 00 |
| 39 Rhode Island percentage | 39 | 15% | |
| 40 RI EARNED INCOME CREDIT. Multiply line 38 by line 39. Enter here and on RI-1040, page 2, line 14d | 40 | 903 | 00 |

2018 RI Schedule W

Rhode Island W-2 and 1099 Information



18101015550101

Name(s) shown on Form RI-1040 or RI-1040NR

ELIZABETH ROSSO

Your social security number

024-72-3597

Complete this Schedule listing all of your and, if applicable, your spouse's W-2s and 1099s showing Rhode Island Income Tax withheld. ***W-2s or 1099s showing Rhode Island Income Tax withheld must still be attached to the front of your return.***

Failure to do so may delay the processing of your return.

ATTACH THIS SCHEDULE W TO YOUR RETURN

| | Column A Enter "S" if Spouse's W-2 or 1099 | Column B Enter 1099 letter code from chart | Column C Employer's Name from Box C of your W- 2 or Payer's Name from your Form 1099 | Column D Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from Form 1099 | Column E Rhode Island Income Tax Withheld (SEE BELOW FOR BOX REFERENCES) |
|----|---|---|--|--|---|
| 1 | | | REACHIRE | 462433505 | 427 00 |
| 2 | | | | | 00 |
| 3 | | | | | 00 |
| 4 | | | | | 00 |
| 5 | | | | | 00 |
| 6 | | | | | 00 |
| 7 | | | | | 00 |
| 8 | | | | | 00 |
| 9 | | | | | 00 |
| 10 | | | | | 00 |
| 11 | | | | | 00 |
| 12 | | | | | 00 |
| 13 | | | | | 00 |
| 14 | | | | | 00 |
| 15 | | | | | 00 |
| 16 | Total RI Income Tax Withheld. Add lines 1 through 15, Col. E. Enter total here and on RI-1040, line 14a or RI-1040NR, line 17a..... | | | | 427 00 |
| 17 | Total number of W-2s and 1099s showing Rhode Island Income Tax Withheld | | | | 1 |

Schedule W Reference Chart

| Form Type | Letter Code for Column B | Withholding Box | Form Type | Letter Code for Column B | Withholding Box | Form Type | Letter Code for Column B | Withholding Box |
|-----------|-----------------------------|--------------------|-----------|-----------------------------|--------------------|-----------|-----------------------------|--------------------|
| W-2 | - | 17 | 1099-DIV | D | 15 | 1099-MISC | M | 16 |
| W-2G | - | 15 | 1099-G | G | 11 | 1099-OID | O | 14 |
| 1042-S | S | 17a | 1099-INT | I | 17 | 1099-R | R | 12 |
| 1099-B | B | 16 | 1099-K | K | 8 | RI-1099PT | P | 9 |

State of Rhode Island and Providence Plantations
2018 RI Schedule E
 Exemption Schedule for RI-1040 and RI-1040NR



18105915550101

| Name(s) shown on Form RI-1040 or RI-1040NR | Your social security number |
|--|-----------------------------|
| ELIZABETH ROSSO | 024-72-3597 |

EXEMPTIONS

Complete this Schedule listing all individuals you can claim as a dependent.

ATTACH THIS EXEMPTION SCHEDULE TO YOUR RETURN

Failure to do so may delay the processing of your return.

| | | |
|----|----------|-------------------------------------|
| 1a | Yourself | <input checked="" type="checkbox"/> |
| b | Spouse | <input type="checkbox"/> |

| | (A) Name of Dependent | (B) Social Security Number | (C) Date of Birth | (D) Relationship |
|----|-----------------------|----------------------------|-------------------|------------------|
| 2a | MATTHEW WALCZAK | 023-84-2597 | 03/02/2001 | SON |
| b | EMILY WALCZAK | 013-82-3803 | 04/06/1998 | DAUGHTER |
| c | NORA OWEN | 120-79-8221 | 09/12/2016 | DAUGHTER |
| d | DYLAN OWEN | 171-92-7898 | 08/22/2014 | SON |
| e | | | | |
| f | | | | |
| g | | | | |
| h | | | | |
| i | | | | |
| j | | | | |
| k | | | | |
| l | | | | |
| m | | | | |

| Exemption Number Summary | | |
|---------------------------------|--|---|
| 3 | Enter the number of boxes checked on lines 1a and 1b | 1 |
| 4a | Enter the number of children from lines 2a through 2m who lived with you | 3 |
| b | Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation | 0 |
| c | Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b. | 1 |
| 5 | Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6. | 5 |